

BR

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>S. Bliss</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>08 CR 84</i> Mr. James R. Larsen, Clerk United States District Court Thomas S. Foley United States Courthouse, Suite 840 920 West Riverside Avenue Spokane, WA 99201-1010		B. Received by (Printed Name) <i>S. BLISS</i>	
		C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>08 CR 84</i>	
		3. Service Type <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

FILED

MAR 4 2008 YM
Mar 4 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT